



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
300 W. Preston Street, Suite 202, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Office of Preparedness & Response
Sherry Adams, Director
Isaac P. Ajit, Deputy Director

May 24, 2012

Public Health & Emergency Preparedness Bulletin: # 2012:20 Reporting for the week ending 05/19/12 (MMWR Week #20)

CURRENT HOMELAND SECURITY THREAT LEVELS

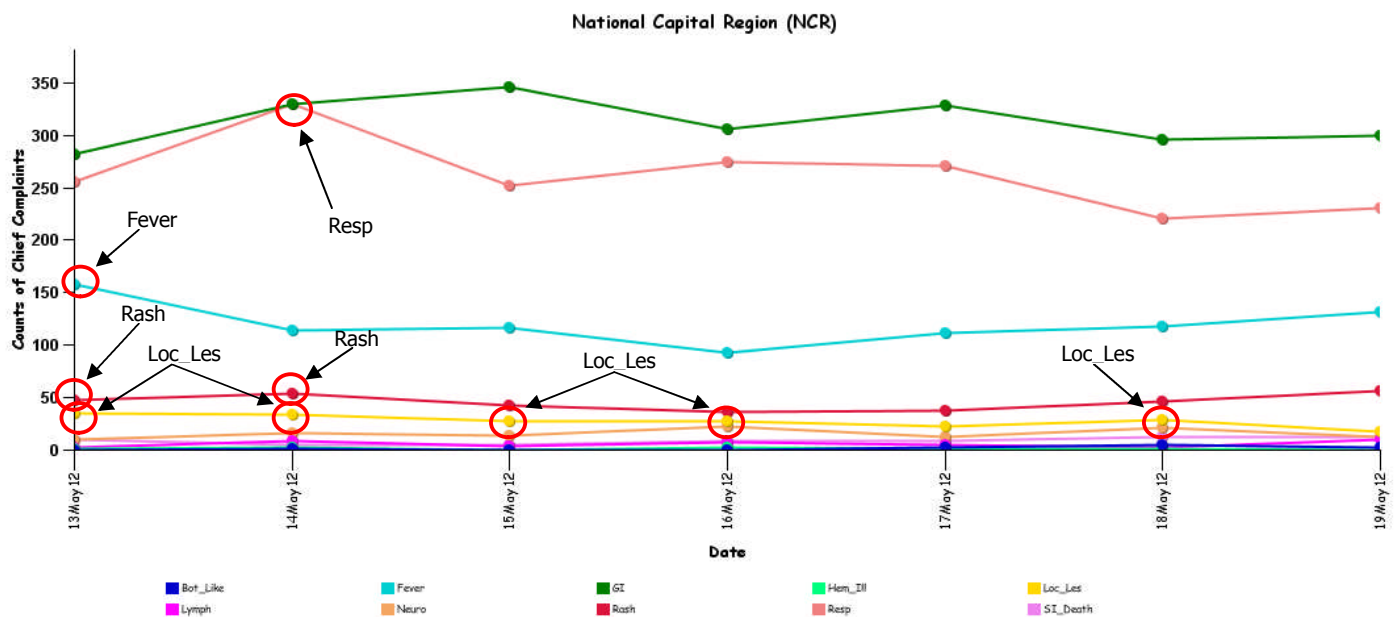
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

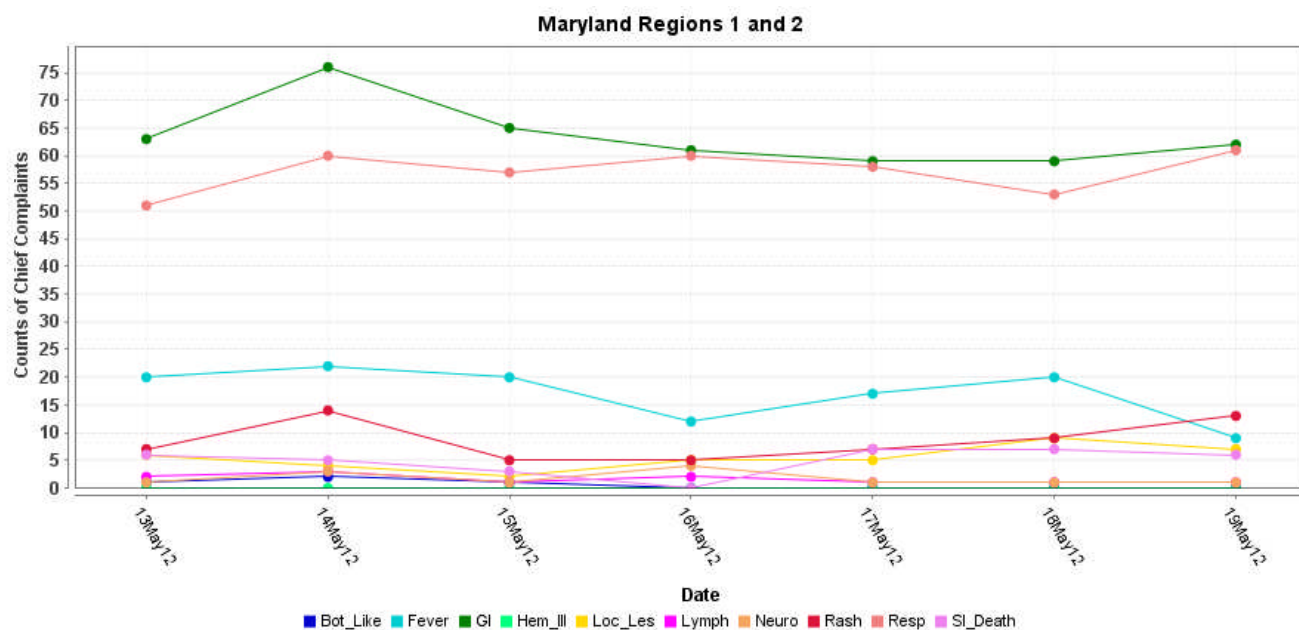
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

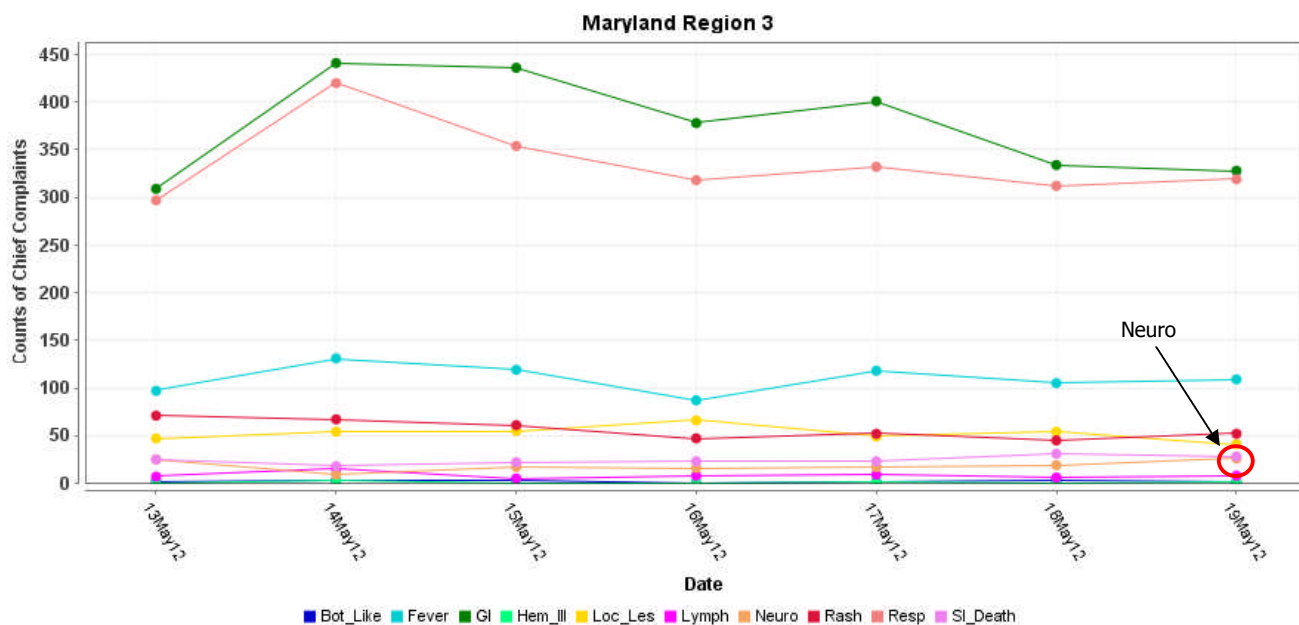


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

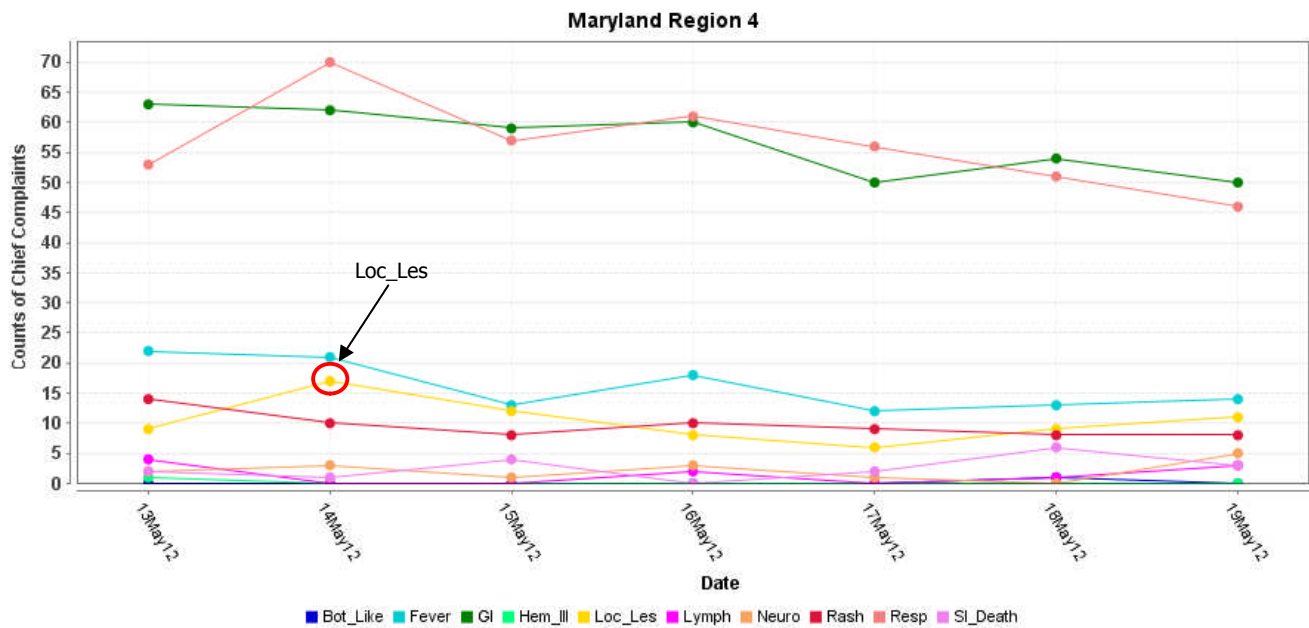
MARYLAND ESSENCE:



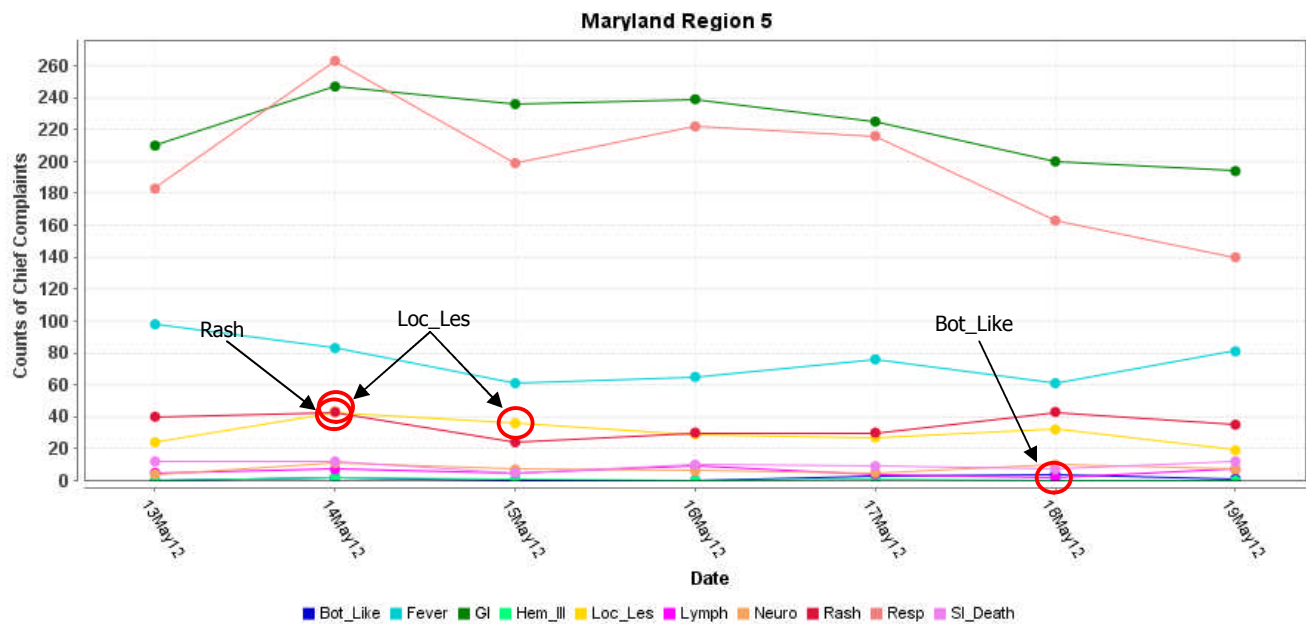
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

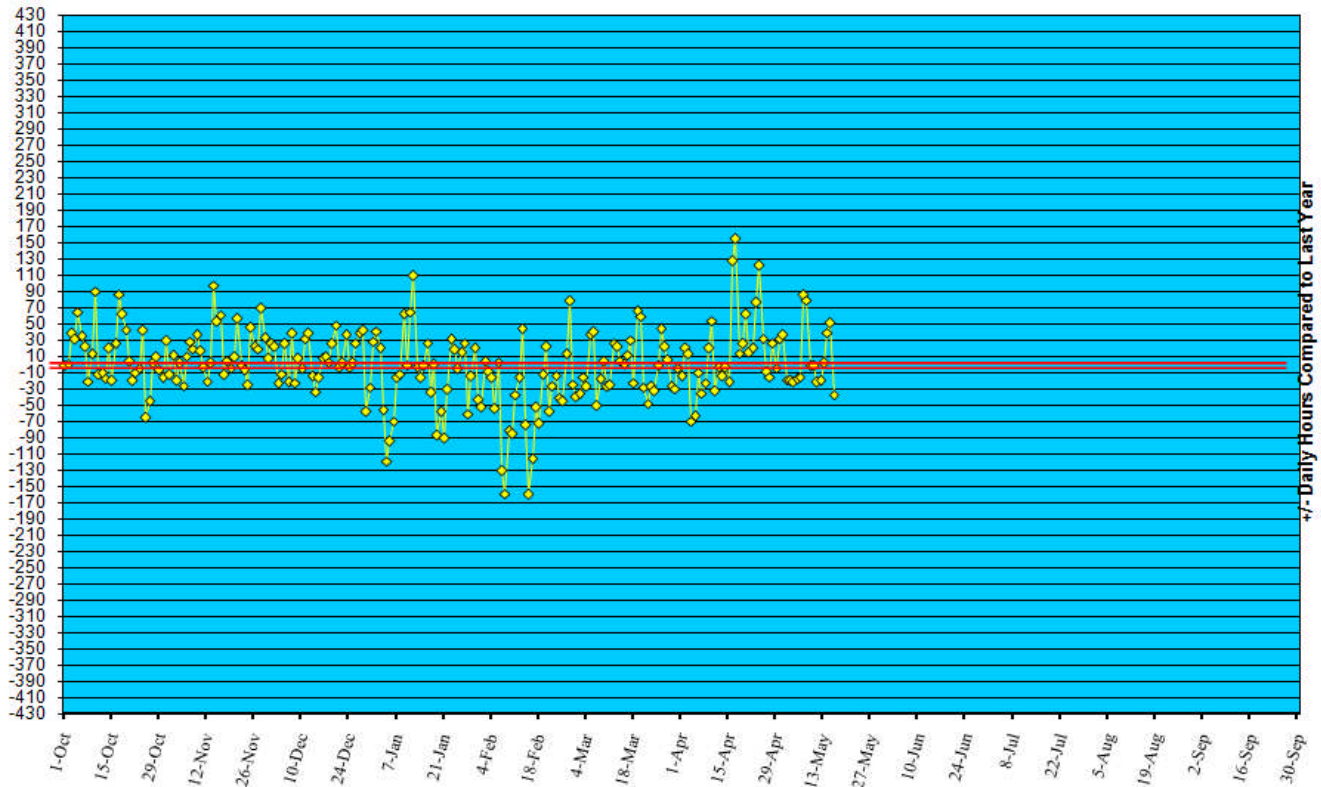


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to May 12, '12



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (May 13 – May 19, 2012):	12	0
Prior week (May 6 – May 12, 2012):	12	0
Week#20, 2011 (May 14 – May 20, 2011):	10	0

0 outbreaks were reported to DHMH during MMWR Week 20 (May 13 – May 19, 2012)

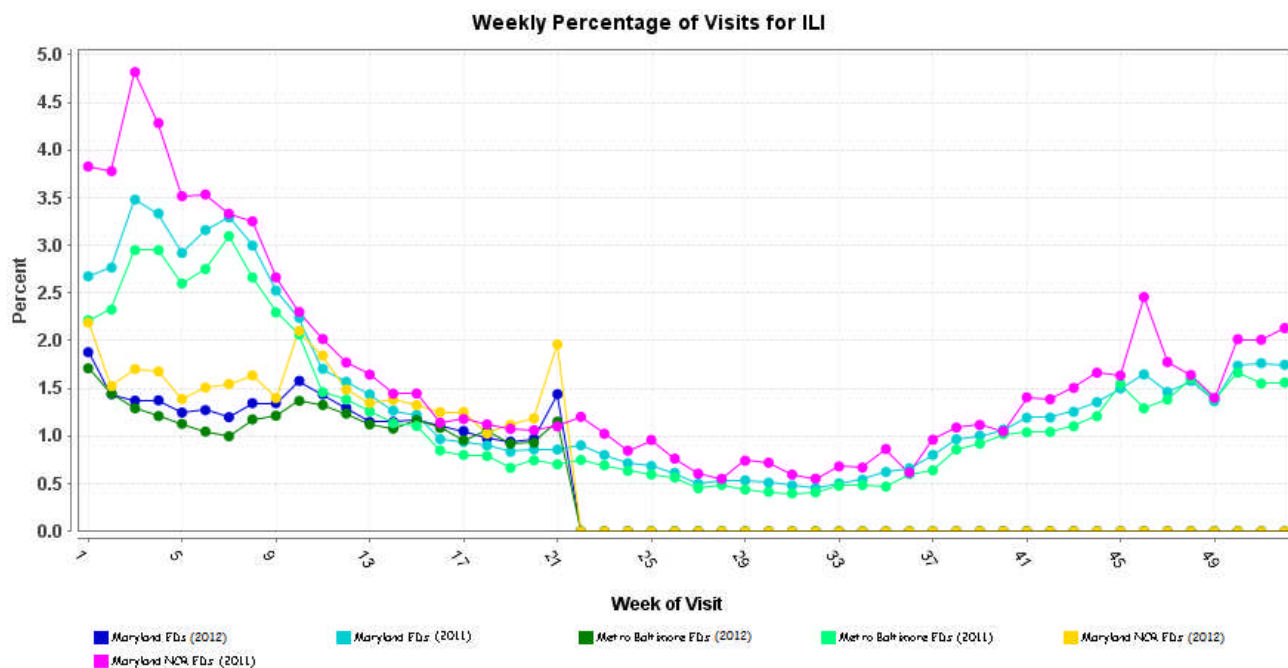
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 20 was: Sporadic Activity, Minimal Intensity.

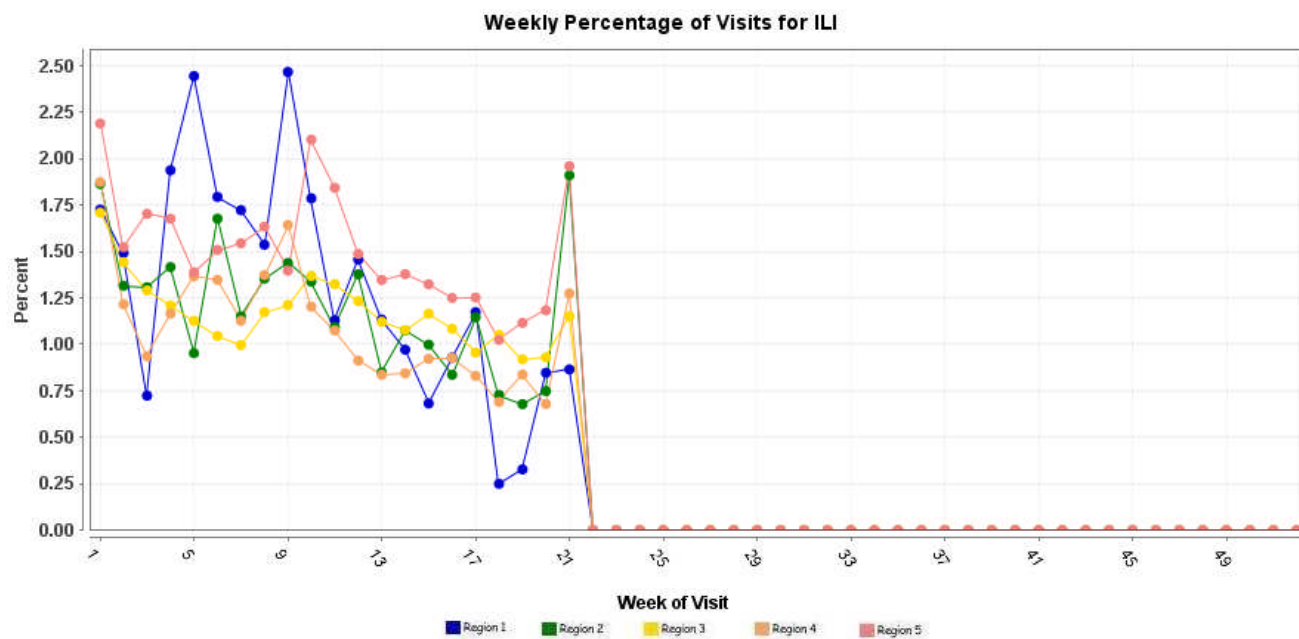
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



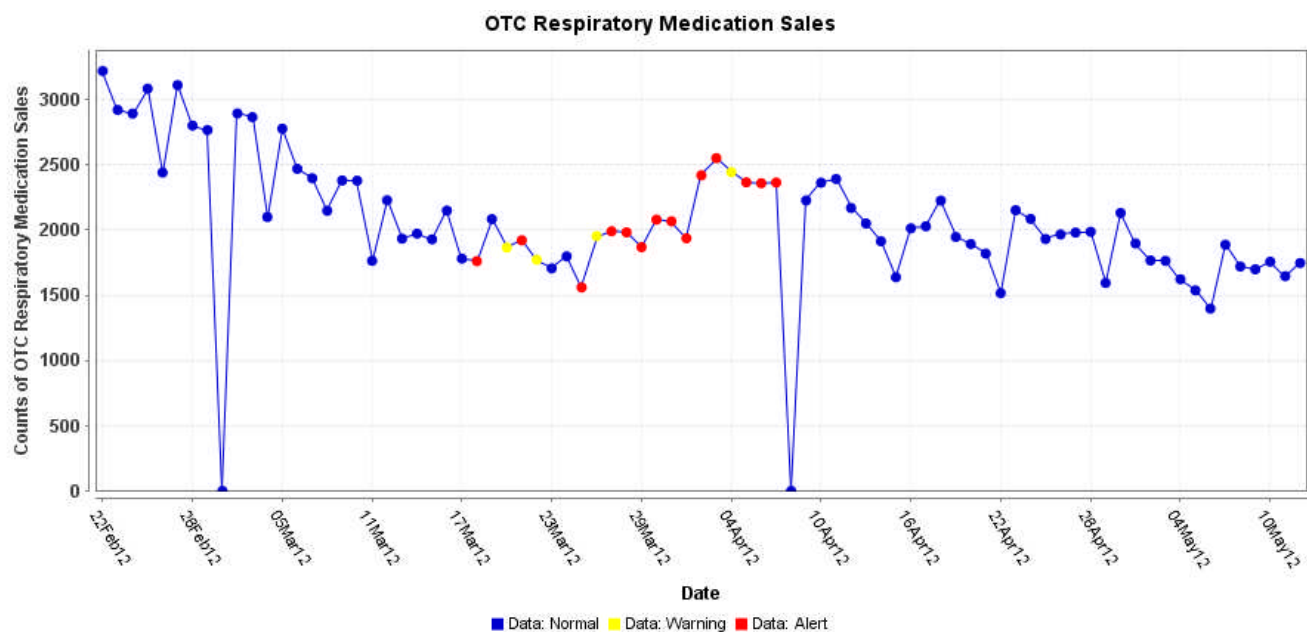
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of May 2, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 603, of which 356 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS

FOODBORNE ILLNESS (NEW YORK): 14 May 2012, About 150 Mother's Day [13 May 2012] celebrators suffered terribly from a massive case of food poisoning on Sunday night, 13 May 2012, according to authorities. So many people got sick at the same time that officials report the patients had to be rushed to hospitals in several different counties -- from Putnam to Westchester to Rockland. Eyewitness News is told that it all began with a beautiful serene trip to the Chuang Yen Monastery in Kent about 55 miles [89 km] outside of New York City. There were 700 celebrators attending the Buddhist garden festival, 500 of them from Chinatown. They took buses up for the day, and by mid-afternoon, they boarded the same buses to go shopping at Woodbury Commons. That's when they were hit by diarrhea and vomiting. Authorities say it was so severe, ambulances had to be called. One published report says that authorities are looking into sticky rice balls served at the festival to see if that is what made everyone sick. The temple website says that the food it served was vegetarian. On Sunday night, 13 May 2012, they released a statement saying that "the dishes were provided by volunteers" and that everything "is being investigated by event organizers who are cooperating with the local authorities." Since most of the patients came up on buses, it is not clear how they will get back home once they are discharged. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (USA): 17 May 2012, A total of 316 individuals infected with the outbreak strains of *Salmonella Bareilly* or *Salmonella Nchanga* have been reported from 26 states and the District of Columbia. The 58 *new* cases are from Alabama (1), California (2), Colorado (1), Georgia (3), Illinois (4), Indiana (1), Louisiana (1), Maryland (3), Massachusetts (6), New Jersey (1), New York (10), North Carolina (6), Pennsylvania (5), Tennessee (2), Texas (3), Virginia (6), and Wisconsin (3). 304 (sick) persons infected with the outbreak strain of *S. Bareilly* have been reported from 26 states and the District of Columbia. The number of ill persons with the outbreak strain of *S. Bareilly* identified in each state is as follows: Alabama (3), Arkansas (1), California (4), Colorado (1), Connecticut (9), District of Columbia (2), Florida (1), Georgia (13), Illinois (27), Indiana (1), Louisiana (4), Maryland (27), Massachusetts (33), Mississippi (2), Missouri (4), Nebraska (1), New Jersey (26), New York (48), North Carolina (10), Pennsylvania (25), Rhode Island (6), South Carolina (3), Tennessee (4), Texas (7), Virginia (22), Vermont (1), and Wisconsin (19). 12 persons infected with the outbreak strain of *S. Nchanga* have been reported from 5 states. The number of ill persons with the outbreak strain of *S. Nchanga* identified in each state is as follows: Georgia (2), New Jersey (2), New York (6), Virginia (1), and Wisconsin (1). Among 316 persons for whom information is available, illness onset dates range from 28 Jan 2012 to 3 May 2012. Ill persons range in age from less than 1 to 86 years, with a median age of 30. 59 percent of patients are female. Among 217 persons with available information, 37 (17 percent) reported being hospitalized. No deaths have been reported. Illnesses that occurred after 17 Apr 2012, might not be reported yet due to the time it takes between when a person becomes ill and when the illness is reported. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

CRIMEAN-CONGO HEMORRHAGIC FEVER (TURKEY): 18 May 2012, 3 people have died in the Black Sea province of Kastamonu due to Crimean-Congo hemorrhagic fever, a tick-borne viral disease, the governor of the province said yesterday (Thu 17 May 2012) in a joint press conference with other local officials; 7 people in 5 different provinces have died of the disease in the last 2 weeks following tick bites, and dozens of others have been discharged after receiving treatment at hospitals. "This tick-borne curse has once more become an issue along with the warming weather. The viral Crimean-Congo hemorrhagic fever has again reared its head. We have lost 3 [people] due to [this illness] as of today. We have quite a large number of patients receiving treatment for the disease. Some have been discharged, while others are still under treatment due to a positive diagnosis," Kastamonu Gov. Erdoğan Bektaş said. "It is spring, and our citizens are going outside [more]. Therefore we need to caution our citizens. This is no joke: Death is the price that is on the line. We have lost 3 citizens. Taking the [necessary] precautions is not difficult," Bektaş said. 7 patients have already been treated and discharged from hospital as of now, Dr. Yılmaz said, adding that the disease does not have to be fatal if the tick bite can be detected early on and the victim taken to hospital in short order. "Turkey first saw Crimean-Congo hemorrhagic fever in 2002. This is an undesirable situation that could [arise] across the whole of Turkey, although it is more prevalent in certain areas," Dr. Yılmaz said. Crimean-Congo hemorrhagic fever mainly affects animals. Ticks that live on sheep and cattle can sometimes pass the virus on to people. It is an Ebola-like [i.e. haemorrhagic] fever and patients can bleed to death if they are not treated quickly. [Ebola virus and Crimean-Congo haemorrhagic fever virus are not related viruses.], Those infected can transmit the virus through their blood or saliva. The disease is endemic in parts of Africa, Asia and Europe. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (UNITED KINGDOM): 16 May 2012, The Public Health Agency [PHA] is leading a detailed investigation into the potential source of an outbreak of listeriosis among hospital patients. 4 cases including one death have been reported previously and 2 further cases have been confirmed. There have been no new cases identified since 18 Apr 2012. As a precautionary measure, and while this investigation is ongoing, PHA has recommended that some pre-prepared foods should not be served to hospital in-patients. This is a precautionary measure while the PHA, along with the Food Standards Agency, Environmental Health officials and HSC Trusts, continue to investigate the potential source of this outbreak. PHA has taken steps to reassure patients, their relatives and the public by producing a patient and visitor information leaflet "Preventing food poisoning at home and in health care settings" and also a short fact sheet on listeriosis. These have been distributed to all HSC Trusts and give details of foods that may be associated with *Listeria* infection, practical food safety tips and advice on how to prevent food poisoning. PHA is also working with all Trusts to ensure that robust

arrangements for food safety are maintained in the hospital setting. Listeriosis is an uncommon infection in the hospital setting. It is usually food-borne, most often found in ready-to-eat refrigerated and processed foods such as chilled meats, soft cheeses, cold cuts of meat, pates and smoked fish. It may also be found in food items containing one or more of these products, e.g., sandwiches. There would normally be between 3 to 5 cases of listeriosis each year in Northern Ireland. Listeriosis is a rare but potentially life-threatening disease. Most adults experience only mild infections of the eye and skin or gastroenteritis. It can, however, lead to severe illness including blood poisoning or meningitis. Older people and individuals with weakened immune systems, including those who have cancer, AIDS or issues with alcohol misuse, are all susceptible. Listeriosis may be particularly dangerous in pregnancy as it can present as a mild and "flu-like" illness that is not serious to the mother but can cause miscarriage, premature delivery, stillbirth or severe illness in a newborn child. The PHA is reminding patients in hospitals and those attending hospital day services that they should only eat foods provided on the wards by hospital staff and not eat foods from other sources such as hospital canteens, shops or restaurants. Visitors are urged not to bring food into hospitals for patients unless this has been discussed and agreed with ward managers. Patients should wash their hands before and after eating, eat food as soon as it is served, dispose of any leftovers immediately and not hold over food for later consumption. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:
<http://preparedness.dhmdh.org/>

Maryland's Resident Influenza Tracking System: <http://dhmdh.org/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Zachary Faigen, MSPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: ZFaigen@dhmdh.org

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: ASalim@dhmdh.org

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable